

FORM 9
CERTIFICATE OF SUBSTANTIAL PERFORMANCE OF THE
CONTRACT UNDER SECTION 32 OF THE ACT

Construction Act

TOWN OF COLLINGWOOD

(County/District/Regional Municipality/Town/City in which premises are situated)

UNIT 103-186 HURONTARIO STREET, COLLINGWOOD, ON L9Y 2M2
(street address and city, town, etc., or, if there is no street address, the location of the premises)

This is to certify that the contract for the following improvement:

LEASEHOLD IMPROVEMENTS INCLUDING DEMOLITION, BUILD PARTITION WALLS,
(short description of the improvement) HVAC DIFFUSERS, ELECTRICAL
PAINT, FLOORING

to the above premises was substantially performed on MARCH 22, 2021
(date substantially performed)

Date certificate signed: APRIL 14, 2021

(payment certifier where there is one)

Karen Sweet
(owner and contractor, where there is no payment certifier) CHAIRPERSON

J. Allen
Len Redmond
General Manager

Name of owner: HOSPICE GEORGIAN TRIANGLE

Address for service: 240 ERIE STREET, COLLINGWOOD, ON L9Y 0X8

Name of contractor: SHERTINE CONSTRUCTION LIMITED

Address for service: 25 SANDFORD FLEMING DRIVE, UNIT # 3, COLLINGWOOD ON
L9Y 5A6

Name of payment certifier (where applicable):

Address:
(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

(if a lien attaches to the premises, a legal description of the premises, including all property identifier numbers and addresses for the premises)

B. Office to which claim for lien must be given to preserve lien:

HOSPICE GEORGIAN TRIANGLE, 240 ERIE STREET, COLLINGWOOD ON
(if the lien does not attach to the premises, the name and address of the person or body to whom
the claim for lien must be given) L9Y 5A6